

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 02-SEP-2015		TIME 19:51:00		2. ADDRESS OF OCCURRENCE 538 N SPRINGFIELD AVE CHICAGO, IL 60624				3. LOCATION CODE 304		4. BEAT/OCCUR 1122	
		5. POSITION 9161		6. LAST NAME BURNS		7. FIRST NAME KYLE R		8. STAR NO. 13310		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI	
SUBJECT INFORMATION		14. DATE OF APPT. 14-DEC-2012		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 011 6256F		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
		20. LAST NAME KELLY		21. FIRST NAME CHRISTOPHER		22. M.I. MARLO		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]	
REASON FOR USE OF FORCE (Check all that apply)		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? NORWEGIAN-AMERICAN HOSPITAL		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
WEAPON DISCHARGE INCIDENT		36. CHARGES PLACED <input type="checkbox"/> DNA		37. CB NO		IR NO.		<input type="checkbox"/> DNA					
		38. SUBJECT'S ACTIONS		39. MEMBER'S RESPONSE		40. ASSAULTANT: ASSAULT		41. ASSAULTANT: BATTERY		42. ASSAULTANT: DEADLY FORCE			
CASE INFO.		43. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		44. STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		45. OTHER _____		46. FLEO <input checked="" type="checkbox"/>		47. PULLED AWAY <input type="checkbox"/>		48. OTHER _____	
		49. MEMBER PRESENCE <input checked="" type="checkbox"/>		50. VERBAL COMMANDS <input checked="" type="checkbox"/>		51. ESCORT HOLDS <input checked="" type="checkbox"/>		52. WRISTLOCK <input type="checkbox"/>		53. ARMBAR <input type="checkbox"/>		54. PRESSURE SENSITIVE AREAS <input type="checkbox"/>	
SIGNATURES		55. OPEN HAND STRIKE <input type="checkbox"/>		56. TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		57. OC/CHEMICAL WEAPON <input type="checkbox"/>		58. CANINE <input type="checkbox"/>		59. TASER (Probe Discharge) <input type="checkbox"/>		60. TASER (Contact Stun) <input type="checkbox"/>	
		61. TASER (Spark Displayed) <input type="checkbox"/>		62. OTHER _____		63. ELBOW STRIKE <input type="checkbox"/>		64. KNEE STRIKE <input type="checkbox"/>		65. FIREARM <input type="checkbox"/>		66. OTHER _____	
72.		67. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		68. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		69. OTHER _____		70. OTHER _____		71. OTHER _____		72. OTHER _____	
		73. OTHER _____		74. OTHER _____		75. OTHER _____		76. OTHER _____		77. OTHER _____		78. OTHER _____	
72.		79. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		80. 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER _____		81. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		82. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		83. WEATHER CONDITIONS CLEAR			
		84. MAKE/MANUFACTURER		85. MODEL		86. BARREL LENGTH		87. CALIBER/GAUGE					
72.		88. TASER DART ID NO.		89. WEAPON SERIAL No. (Include Letters)		90. CHICAGO GUN REG. NO.		91. IL FIREARM OWNER ID. NO.		92. HANDGUN CERTIFICATE NO.			
		93. SPECIAL WEAPON CERTIFICATE NO.		94. PROPERTY INVENTORY NO.		95. TYPE OF AMMUNITION USED		96. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		97. TOTAL NO. OF SHOTS MEMBER FIRED			
72.		98. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		99. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		100. NO. OF CARTRIDGES / SHOT SHELLS RELOADED		101. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		102. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
		103. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		104. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		105. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		106. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		107. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			
72.		108. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		109. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		110. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		111. REPORTING MEMBER (Print Name) BURNS, KYLE R		112. STAR/EMPLOYEE NO. 13310		113. SIGNATURE [REDACTED]	
		114. REPORTING MEMBER (Print Name) 03-SEP-2015 02:40:52		115. REVIEWING SUPERVISOR (Print Name) MONACO, ANGELO J		116. STAR NO. 1595		117. SIGNATURE [REDACTED]		118. DATE REVIEWED 03-SEP-2015 02:42:38		119. TIME 03-SEP-2015 02:42:38	

LOG# 1076980

Attachment 12

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR: 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject expired.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

UE #15-043 obtained by Sgt. Monaco #1595

Based on the available reports, R/Lt has determined that the officer followed the Use of Force model and Department Guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1076980 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STUART, STEPHANIE L

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

03-SEP-2015 02:49:57

79. TOTAL TRR's THIS EVENT No.

1